Case 15-11126-amc Doc 94 Filed 05/15/17 Entered 05/15/17 12:03:55 Desc Main Document Page 1 of 2

2nd Amended

| | 3 | 071100 | | - 8/ -8/ | | | | | | |
|---------------|--|----------------------------|------------------------|--------------------------------|----------|------------------------|---|----|--|--|
| Fill i | n this information to identify your ca | se | | | | | | | | |
| Deb | tor 1 MELISSA RC | OSE | <u> </u> | | - | | | | | |
| | tor 2 | | | | _ | | | | | |
| Unit | ed States Bankruptcy Court for the: | EASTERN DISTRICT | OF PENNSYLVANIA | | _ | | | | | |
| Cas | e number | | | | | Check if this is: | | | | |
| (If kn | own) | | | | | An amende | d filing | | | |
| | | | | | | | nt showing postpetition chapter is of the following date: | | | |
| 01 | fficial Form 106I | | | | | MM / DD/ Y | YYY | | | |
| | chedule I: Your Inco | | | | | | 12/1 | 5 | | |
| spoi attac | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. | r spouse is not filing wi | ith you, do not includ | de inform | natio | on about your spo | use. If more space is needed, | n. | | |
| 1. | Fill in your employment | | Debtor 1 | Debtor 2 or non-filling spouse | | | | | | |
| | information. | | | | | □ Employed | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed | | | ☐ Not employed | | | | |
| | | | ☐ Not employed | | | □ NOt e | прюува | | | |
| | | Occupation | 3 | | _ | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | <u> </u> | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | <u></u> | | | | | | | |
| | | How long employed t | here? | | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | <u> </u> | | _ | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | line, write \$0 in the | space. Include your non-filing | | | |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | n for all e | mpl | oyers for that perso | n on the lines below. If you need | 1 | | |
| | | | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | 2. | \$ | 2,945.00 | \$N/A_ | | | | |
| 3. | Estimate and list monthly over | ime pay. | | 3. | +\$ | 0.00 | +\$N/A | | | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 2,945.00 | \$ <u>N/A</u> | | | |
| | | | | | | | | | | |

| | | | | For Debtor 1 | | For Debtor 2 or non-filing spouse | | |
|-----|---------------|---|-----------------|--------------|---------------------------------|-----------------------------------|-----------------------|-----------|
| | Сору | y line 4 here | 4. | \$ | 2,945.00 | \$ | N/A | |
| 5. | | all payroll deductions: | | | | | | |
| J. | | - · | 5a. | s | 750.00 | \$ | N/A | |
| | 5a. 5b. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans | 5a. 5b. | *_ | 750.00 73.00 | * | N/A | |
| | 50. 5c. | Voluntary contributions for retirement plans | 5c. | *— | 0.00 | <u> </u> | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | š— | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | š— | 108.00 | s | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | |
| | 5g. | Union dues | 5g. | \$ | 43.33 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ <u></u> | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 974.33 | \$ | N/A | |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,970.67 | \$ | N/A | |
| 8. | List : 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 0.5 | | | e | N/A | |
| | | monthly net income. | 8a. | \$_ | 0.00 | \$ \$ | N/A | |
| | 8b. 8c. | Interest and dividends Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8b. | \$ | 0.00 | T | N/A | |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | |
| | 8e. | Social Security | 8 e . | \$ _ | 0.00 | \$ | N/A | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | € 8f. 8g. | \$_ \$ | 0.00 | \$ | N/A N/A | |
| | 8h. | Other monthly income. Specify: TAX REFUND | 8h.+ | · s — | 210.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 210.00 | \$ | N/A | |
| 10 | Calo | culate monthly income. Add line 7 + line 9. | 10. \$ | | 2,180.67 + \$ | | N/A = \$ | 2,180.67 |
| 10. | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. W | | <u>2,100.07</u> ⁺ Ψ. | | | 2, 100.07 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | depen | | | | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes | | | | | | 2,180.67 |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | 1? | | | | Combine monthly | |